

Formality Review Claims Count Sheet

Case No. _____

Date: ____/____/____

As Filed			As Filed			As Filed			As Filed			As Filed		
No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.
1	/		41			81			121			161		
2			42			82			122			162		
3			43	/		83			123			163		
4			44			84			124			164		
5			45	/		85			125			165		
6			46	/		86			126			166		
7			47	/		87			127			167		
8			48			88			128			168		
9			49	/		89			129			169		
10	/		50			90			130			170		
11			51			91			131			171		
12	/		52	/		92			132			172		
13			53	/		93			133			173		
14			54	/		94			134			174		
15			55	/		95			135			175		
16			56			96			136			176		
17			57	/		97			137			177		
18			58			98			138			178		
19			59	/		99			139			179		
20			60			100			140			180		
21			61	/		101			141			181		
22			62			102			142			182		
23			63	/		103			143			183		
24			64	/		104			144			184		
25	/		65	/		105			145			185		
26			66	/		106			146			186		
27			67	/		107			147			187		
28	/		68	/		108			148			188		
29	/		69	/		109			149			189		
30			70	/		110			150			190		
31	/		71	/		111			151			191		
32			72			112			152			192		
33	/		73			113			153			193		
34	/		74			114			154			194		
35			75			115			155			195		
36			76			116			156			196		
37			77			117			157			197		
38	/		78			118			158			198		
39	/		79			119			159			199		
40	/		80			120			160			200		
T. Ind.			T. Ind.	33		T. Ind.			T. Ind.			T. Ind.		
T. Dep			T. Dep	48		T. Dep			T. Dep			T. Dep		
Total			Total	71		Total			Total			Total		